L	TINE	PE	YSICE	NA.	188	MO	requi	ires t	hot t	he d	eath	certif	icule	pe e	xenu	led w	ithin	4	OUF	afte	TE TING PHYSICIAN: Tile low requires that the death certificate be executed within 24 hours after death. Page 4	n. P	one 4	3	
	nospital or ottending physicion.	to lo	r offe	ndin	d b	ysici	ou.														4			5	
	After	This .	certif	icale	has	beer	n sign	a par	by the	e off	endin	g ph)	rsicio	no n	P CO	nplet	ely fi	lled	in by	the .	After this certificate has been signed by the attending physician and completely filled in by the	al dir	ector.	1	
fac	hed fo	של זכ	e as	he bu	uriol	-Iron	Sit p	ermit	분	en p	leose	remo	ve co	prbor	pap 1	ers.	Poge	s l c	pus	Sho	rached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 showing filed with	Filed	with		
			6.7		-						A 44.		1	1								1			ĺ

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3999 **CERTIFICATE OF DEATH** 

04000 116

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY, DIST Chester	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If it b. CO		before admission)
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH O	F STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, s		
RURAL ond give negrest town) (3mbridge 137	175	Hagerst	own	00	242.1
d. NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) Harry Go	Middle On	Bennett	4. DATE OF DEATH	Month	Day Year 1957
S. SEX  6. COLOR OR RACE  7. MARRIED LIEVER  WIDOWED TO  D	MARRIED   E	B. DATE OF BIRTH	9. AGE (In lost birth	1 1	YEAR IF UNDER 24 HRS. Days Hours Min.
10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSI		TRY 11. SIRTHPLACE (State or			EN OF WHAT COUNTRY
School Teacher Public	Servic	100	and	le	1.5.1
13. FATHER'S NAME		14. MOTHER'S MAJDEN NA	ME	1	
Joseph Benntt		Beaulah	GA)1	十	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR (1981, no. or unknown) (II yes, give wor of dojes of service)	HITY NO. 17. IN	NFORMANT (	0 4	Address	3 1 - 1 1
Jes 188 W 2 219-14-	7066 111	to Colami !	Dennel	Jones	udgl, h.c.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), (PART I. DEATH WAS CAUSED BY:		TT 1 D1			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (6)	ronary	Heart Dise	ase		
4-20, DUE TO					
Canditions, if any, which (b)					
coese (o), stoting the under DUE TO					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT I	NOT RELATED TO THE TERMIN	AL DISEASE CONDITIO	N GIVEN IN PART	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UURY OCCURRED	). (Enter nature of injury in Pa	rt ( or Part 11 of item 1	8.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR! Hour a.m. 19 of work of work	Canal	ACE OF INJURY (Home, farm, tory, street, affice bidg., etc.)	20f. (City or town)	(Co	ounty) (State)
21. I certify that I attended the deceased fram.	June	1956 to Ap	ril 11, 1	57 that I le	ast saw the decease
alive an April 11. 1957 and	d that death	accurred at 2 A	M. from the cau		e date stated above
CALL CI			DORESS (Street, city or		DATE SIGNE
SIGNATURE STANSON	^	M.D. 227 Pine	e St-Camb	ridge, M	ld. 4-12-5
PHYSICIAN'S J. Edwin Fassett, M.	,D.	7 THE WALLS IN SHEET IN SHEET AND ALL			
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME C	OF CEMETERY OR	CREMATORY 2	2d. LOCATION (City, I	awn, of county)	(State)
DEMOVAL (Specify) 4-14-57 UD BU	igh ee	m,	Cambr	1998	MD.
23. EUNERAL DIRECTOR'S SUSNATURE ADDRESS	1	DABButto	BY REGISTRAR 24b.	REGISTRAR'S SIGN	NATURE /
CHUNCON SHONKLUCK 1 6000	AU, W	TO STREET, SALE	2000	rrnw 11	wee he

BUREAU V. S.

SECEDAED SECTION

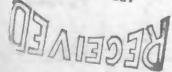
MEDICAL

O DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

7261 OE 99A



TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death: Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be the for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 she the registrar priar to ourial, cremation, or remaval, and in any event within 72 haurs after death.

04002

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY	rchester			MARYLAND	2. USUAL RES	Maryla		lived. If institution b. COUNTY		olir		ion)
	b, CITY OR TOWN (IF RURAL and give ne	outside carporate lim	its, write	c. LENGTH O	F STAY IN 16				ste limits, write R	URAL and	give nec	irest town	1)
-	d. NAME OF HOSPITA	idge	7 .	2 yrs	s. 2 mo			0 05	X02,				
1	OR INSTITUTION			_		d. STREET	ADDRESS						FARM?
F-	Sastern Shor	e State Ho	5011	tal		<u> </u>						YES	NO 🗌
	3. NAME OF DECEASED (Type or print)	James F.	rst	Edward	Middle	Cain	st	4. DATE OF DEATH	Apri		3		Year 19 57
	5. SEX	6. COLOR OR RACE	7. MA	RRIED NEVER	MARRIED _	B. DATE OF BIRT		The Court of the C	AGE (In years last birthday)	IF UNDER	_	-	
1	male	white	WIDOV	VED DI	VORCED	June	17,118	884	72 yrs.	Months	Doys	Hours	Min,
,	10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10t	. KIND OF BUSH	NESS OR INDU	STRY 11. BIRTHP	LACE (State of	ar fareign cau	intry)	12. CI	IZEN O	F WHAT	COUNTRY
	Farm La		"	None		Mar	ew-loan	d			U.	S.	
1	3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				. v	
4	Galeb Ca	in				unkı	nown						
Ī	15. WAS DECEASED EVER	IN U. S. ARMED FOR		S. SOCIAL SECURI	ITY NO. 17. I	NFORMANT			Add	ress			
	unknown	r yes, give eror or ourse or i	etaice!	220-03-	-0672 E	astern S	Shore i	State	Hospital	reco	mis		
Ī		TH [Enter only one co	use per				×11.V2 V			. 1000	INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	-	eneral a		clerosis	3				ONS	ET AND	DEATH
	422.1	DUE TO		STATE SEE SE	1 002 100	ATAT ODT	2						
	Conditions, if an	y, which ) (b	. 0	hronic m	woondi	al derer	narati-	on					
1	gave rise to im	mediate (		111 O111 C. 10	A OCAT OF	GT VESCI	TOTOT	OII			-	***************************************	
1	lying cause last.	ne under-	1										
	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS	AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  Psychosis with cerebral arteriosclerosis  20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item IB.)  The sither Notify Medical Examiner   20c. DESCRIBE HOW INJURY OCCURRED.										NO F		
1													
		MEDICAL EXAMINER)											
	20c. TIME OF INJURY Hour a. ft.	Month, Day, Ye		INJURY OCCURR		ACE OF INJURY	Home, form,	20f. (City o	ir tawn)	(*	County)		(State)
П	Hour a. n.	19	While of we			tary, street, offic	e blag., etc.;						
1	21. I certify the	at I attended the	decen	sed from 2	1221	10 5	- to	1./2	10 57	that I	lost so	and the	danaaaad
П	alive on	3 .		57_, and									
П		, , , , , , , , , , , , , , , , , , ,	a-a-2 * *-a-		mar acam	occorred at			et, city or town,		ne du		ATE SIGNED
	ACTUAL SIGNATURE	Lannes	. 7.	Dre	Lac	. R C C	Hogn	1+-7	Cambrids	n M	1	1./2	/57
8	SIGHATORE 7-2				0	M.U. Lidebish	CALLEY PARTY	de 1454 de je	ADMINITARE	للساسسي باللي	å4		<del></del>
	PHYSICIAN'S NAME (Type) T	homas J. D	redg	е									
ŀ	220 BURIAL CREMATION	, 22b. DATE THEREC	)F	22c. NAME O	F CEMETERY O	CREMATORY		22dLQCATIO	ON (City, town, o	or countyl		(State	
1	REMOVAL (Specify)	14/7/3	57	7119	.04	ine		Hal	ruson	7	no	00	,
	UNERAL DIRECTOR'S	SIGNATURE	0	ADDRESS			240. REC'D	BY REGISTRA	AR 24b. REGIS	TRAR'S SI	GNATUR	E	
	Y 6.130	ulain	Y	reen.	10000	a ned	DATE 5	4/5-1.5	-7 - 0	0.	>	nac	00
t	/X			-					7/2			, CC C	Al

BUREAU V. &

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Harold B. Plummer, M.D.

DIRECT O HOSPITAL OR TO FUNERAL DIS page 3 should should

NAME (Type)

220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Hill Crest Cemetery Federalsburg, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE J. J. Framptom and Son, Federalsburg. 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

Reg. Dist. No.

10

Months

IF UNDER I YEAR IF UNDER 24 HRS

U.S.A.

(County)

12. CITIZEN OF WHAT COUNTRYS

INTERVAL BETWEEN ONSEJ AND DEATH

PERFORMED?

YES TO NO THE

(State)

DATE SIGNED

To still

e. IS RESIDENCE ON A FARM? YES T NO T

Year

10

57

BUREAU V. S.

7861 9 YAM

DECEDAED

VS A15 (4) 15M 9/5S

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1 110				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (WAS	ere deceased lived. If institut b. COUNTY	Dorchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nagrest fown) Cambridge	c. LENGTH OF STAY IN 16		utside carporate limits, write l	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION Cambridge-Maryla	nd Hospital	d. STREET ADDRESS / 209 Gay	St.	e. Is residence On a farm? Yes \( \) NO \( \)
3. NAME OF First DECEASED (Type or print) Bertha	Middle Waller	Cooper	4. DATE MODE OF April	/
s. sex 6. COLOR OR RACE 7. MARRII Female White WIDOWER	TO THE REAL PROPERTY OF THE PARTY OF THE PAR	B. DATE OF BIRTH Feb. 22,1892	9. AGE (In years last birthday) 65 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) HOMEMAKET	CIND OF BUSINESS OR INDUS	Salisbury		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
William P.Walle		Clara Mes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S  [Yes, no. or unknown]   (If yes, give was or dates of service)	1 4 4 7	nformant ginia B. Hicks		. R.D.1
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), storing the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO	nyces Drabete	artery  NOT RELATED TO THE TERMIN	Streon Lites NAL DISEASE CONDITION GI	INTERVAL BETWEEN ONSET AMD DEATH  3 days  40 12  VEN IN PARTIES 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of ilem 18.)	AEN NO 🗆
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a. nt. While of work	Not while fac	ACE OF INJURY (Home, farm, street, office bldg., etc.	20f. (City or tawn)	(County) (State)
21. I certify that I attended the decease alive on 195  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d fram 4/2 , and that death		A	T, that I last saw the deceased and on the date stated above state)  ATE SIGNED
220. BURIAL CREMATION. 226. DATE THEREOF Apr. 10,1957	20c. NAME OF CEMETERY O		22d. LOCATION (City, town, Cambridge, Mc	
23 JUNERAL DIRECTOR'S SIGNATURE DELICITIES & HOULES	ADDRESS Combridge,		BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE

6288-4C-847.

BUREAU K. S.

7261 II 99A

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. Na. emation 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY Dorchester O. STATE Maryland+ b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (If publide corporate fimils, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest temn) Cambridge 43 vears Cambridge ector. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. STREET ADDRESS 4. IS RESIDENCE YES NO 137 Pine Street 137 Pine Street 3. NAME OF 4. DATE Month Day Year DECEASED DEATH (Type or print) Surender April 19 57 Cornish R. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FET 8. DATE OF BIRTH 9 AGE (In years lost birthday) IF UNDER TYPAR IF UNDER 24 HRS. Months Hours WIDOWED [ DIVORCED T male 1-25-13 43 yes. negro Ø 大芸 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond laborer general ind Maryland ILS.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WD. Pages age 5 r Artemus Cornish Willis Kiah 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address I've on or unknown't (If yes, give war or dates of service) Give WW2 42and43 Artemus Cornish, Cambridge, Maryland 218-16-5945 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: 3-5 mins Gerebral Henorrhage IMMEDIATE CAUSE (a) DUE TO Canditions, If any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse fost. D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY ő PERFORMED? NO TO -- -- --20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II) of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (Stote) 20f. (City or town) (County) foctory, street, office bldg., etc.) While Not while o. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection No. Inquiry Dr. and find that death resulted from: Natural causes 27. Accident Suicide . Hamicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 0 0 SIGNATURE forwarded I ASSISTANT MEDICAL EXAMINER EXAMPLE 1 CANANDEPUTY MEDICAL EXAMINER P NAME (Type) Eldridge H. Wolff 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Buri all Dorchester Maryland 23. EUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15ME(5) 5M 9/55

please

necessary,

MEDICAL

## BECENALL

APR 22 1957

BUREAU V. E.





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BUREAU V. S.

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BUREAU V. S.

HOSPITAL



04011 CERTIFICATE OF DEATH Rea. Dist. No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY D. STATE b. COUNTY Dorchester Co. MARYLAND Md. Dorchester Co. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) Life Cambridge Md. Cambridge Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO W 103 Muir St. 103 Muir St. 3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) DEATH Laura Frances Henry April 6 19 S. SEX 6 COLOR OR RACE 9. AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED T NEVER MARRIED 8. DATE OF BIRTH Months Days Hours Min. Female WIDOWED [7] DIVORCED [ papers. White June yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife Saint George Island None IISA Ť 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Sinclair Laura Ruark 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Floyd Neal Cambridge Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ch 10 7 LLLIGX **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** cattle (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPS' ( NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE VIOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) factory, street, office bidg., etc.) Hour o. m. While Not writteat work at work Ahat I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 2. 70 .M, from the causes and on the date stated above. alive an **DATE SIGNED** ACTUAL SIGNATUR PHYSICIAN'S FUNERAL NAME (Type) 22c SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lawn, or county) (State) page the re REMOVAL (Specify) Burial 1957 Greenlawn Cemeterv Cambridge 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) eCompte Funeral Service Cambridge Md. 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. A.

7261 11 A9A

REGENEE

1			MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	
1.0			MEDICAL EXAMINER	S CERTIFICATE OF DEATH	04012
e d Pi		_	+ 4018	Reg. D	
houl		1, 1	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside e. STATE b. COUNTY	ince before admission)
Ple s		_	Dorchester CITY OR TOWN     auticle corporate limits, write RURAL   C. LENGTH OF STAY IN 15	Maryland Wicon	
200		Ь	CITY OR TOWN (If autiside corporate limits, write IEURAL on age necrest town)	c. City OR TOWN (If autside corporate limits, write RURAL and	give nearest town)
S C C C C C C C C C C C C C C C C C C C			Cambridge NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Salisbury 22/2	
s ne		d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
dire			Eastern Shore State Hospital	508 Wain Street	YES NO TK
del arol stro			TAME OF First Middle ECEASED	Lost 4. DATE Menth OF	Day Year
func		5 S	(ype or print) Raymond	Hill DEATH April 8. DATE OF BIRTH 9. AGE in years   IF UNDER	19 57
# 우 부 #		2 2			Days Hours Min.
4000年		20	USUAL OCCUPATION (Give kind of work done 10b, KIND OF 8USINESS OR INDU	Sept. 16, 1900 56 yrs.	ZEN OF WHAT COUNTRY?
2 के विव	- 1	d	uring most of working life, even if refired)	11. BIKINFUNCE (Store or rolling) Country)	ZEN OF WHAT COUNTRY
2, or be ond	- 1		Taxidriver	Maryland  14, MOTHER'S MAIDEN NAME	<u>Waryland</u>
E - E - E		13	FAIRER S NAME	14, MOTHER & MAIDEN NAME	
5 5 5		16	William S. Hill WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 127.	Elizabeth Bayly	
Pog ile p			no, or unknown) [If yes, give wer or defeat of service) 212-12-3783	Helen Hill, Salisbury, Mar	rvland
連ぎる。		U	18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN
P. S. E.			PART I DEATH WAS CAUSED BY: Mogs 1778 SII DOIN	ral hemorrhage	10 Min.
form form			IMMEDIATE CAUSE (6)		
iff Fors	4		7047 DUE TO Fracture of S	kull	10 Min.
d be w go	`		gave rise to immediate cause		
olor bur			(o), stating the underlying cause lost.		
S C S S		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T I(a) 19 WAS AUTOPSY
8 Q E	1	CATIC			PERFORMED?
certi certs e us	,	CERTIFIC	206. EXTERNAL CAUSE WAS PRIMARY DISCONTRIBUTING DI CAUSE OF DEATH.  206. DESCRIBE HOW INJURY OCCURRED.  FASTET Shore	(Enter nature of injury in Part I or Part II of item 18.)	
q P.			CAUSE OF DEATH. Eastern Shore	State Hospital- Fell & str	ruck head.
Warr Warr Exc shou	*	WEDICAL		ACE OF INJURY (Home, form, 20f. (City or town) (Contary, street, affice bldg., etc.)	inty) (State)
at Section 1	,	MED		spital Cambridge I	or. Md.
EXAM Ing Med Poge			21. I certify that I took charge of the remains described ob	ove, held an Autopsy 💢, Inspection 🔲, Inquir	y XI, and find that
			death resulted from: Notural causes [ ], Accident [ ], Si	uicide 🔲, Homicide 🔲, Undetermined cause 🔲	
EDICAL ficolo the MREC			0		
AEDI AEDI AEDI AEDIRE			SIGNATURE SCHOOL STORY	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
A L L			- 35 -	ASSISTANT MEDICAL EXAMINER	4/3/57
the the order			EXAMINER'S John Mace Jr.	DEPUTY MEDICAL EXAMINER	., ., .
cute the forwood FUN		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		(State)
5 , 5		_	Burial 4-4-57 Mt. Olave		
VS. A15ME(5)		23/	UNERAL PIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	SNATURE
5M 9/55		4	10-11/and Co-Lulma	Lal DATE 4/5/17 John	Maces Ky

DECENTED SEC

BUREAU V. S.

MEDICAL

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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BECEIVER

		40	20-		- 13				Reg. Di		0
ή, <u>Ι</u>	LACE OF DEATH	TE 1	20					ed lived. If Instit			lmission)
		rchester		MARYLA	PREJ	Maryl				hester	
b	and give nearest town			c. LENGTH OF STAY IN	c. City o	100	,	orate limits, writ	e RURAL pad	give nearest	town)
		ale - Rura		Life	X /	Rhode	sdale				
4		etersburg	(If not in ho	spital, give street address)	d. STREET	ADDRESS				0	RES DEN N A FARI
3. Į	NAME OF DECEASED	Fi	rst	Middle	Lo	<b>\$1</b>	4. DATE	Mon	th	Day	Year
i	Type or print)	Will		Corneliu		kson	OF DEATH	Apri	11	13	19 57
5. \$	EX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	B. DATE OF BIRT	H.a. D.		9. AGE (In years	IFUNDER	TYEAR IF UT	IDER 24 H
M	ale	Colored	WIDOWE	DIVORCED	77 .			41 yrs.		Days Haur	a Min.
10a	USUAL OCCUPATI	ON Give kind of work	dane 10b.	KIND OF BUSINESS OR INC	SUSTRY TIL BIRTHP	LACE (Stote	or foreign co	ountry)		ZEN OF WHA	AT COUNT
d	luring most of worki Draw	ng life, even it retired) Laborer		Farm				Marylan	nd II.	S.A.	
13.	FATHER'S NAME	450101			14. MOTHER						
	Charle	s W. Jacks	on			Thom					
15.	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 1	7. INFORMANT	- \$1000	Dogra	Addres	5		
(Yas.	No ar unknown)	If yes, give war as dates of	service)	Unknown	Edward Jo	llav.	Hurlo		_	R.F.D	
	IR. CAUSE OF DEA	TH Fester only one co	use per line								WEEN
	PART I. DEA			for (a), (b), and (c). ] ntracranial	injury					ONSET AND	
		IMMEDIATE CAUSE (c	a a								
	711 V	,							-	Inst	ent_
	816X	DUE TO		ractures of	skull					Inst	ent_
	Conditions, if a	DUE TO	F	ractures of	skull					Inst	ent_
	Conditions, if a gove rise to imme (o), stating the	DUE TO	F	ractures of	skull					Inst	ent_
	Conditions, if a gove rise to imme (a), stating the couse last.	DUE TO ony, which (b diote cause underlying) DUE TO	F			THE TENAN	AVAI ON CASE	COMPLICATION	M/PAJ IN I BARD		
FIOM:	Conditions, if a gove rise to imme (a), stating the couse last.	DUE TO ony, which (b diote cause underlying) DUE TO	F	ractures of		THE TERMI	NAL DISEASE	CONDITION G		1(a) 19. WA	S AUTOPS
FICATION	Conditions, if a gove rise to imme (o), stoling the couse lost.  PART II. OT	DUE TO Ony, which diote cause underlying (c HER SIGNIFICANT CON	PDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO					[ ](a) [19. WA	S AUTOPS
	Conditions, if a gove rise to imme (a), stating the couse last.	DUE TO  phy, which dide cause underlying  DUE TO  (c  HER SIGNIFICANT CON  USE WAS NTRIBUTING   2	NDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	njwy-n-Por OI 11's	l or Port II	of item 18.)		1(a) 19. WA	S AUTOPS
- 1	Conditions, if a gove rise to imme (a), stating the couse lost.  PART II. OTI  20a. EXTERNAL CA PRIMARY EAFOR CO CAUSE OF DEATH.  20c. TIME OF INJU	DUE TO Only, which dide cause underlying DUE TO (c HER SIGNIFICANT CON  USE WAS NTRIBUTING   RY Month, Day, Ye	NDITIONS CO.  Ob. DESCRIB  Drive  or 20d.	ONTRIBUTING TO DEATH BE HOW INJURY OCCURRED INJURY OCCURRED 206.	UT NOT RELATED TO  . [Enter goture of intermed on compared on compared on the	njury-in-Pari	on.	of item 18.) or town)	(Cov	(1) (a) 19. WA PER YES (	S AUTOPS FORMED? NO [2]
	Conditions, if a gove rise to imme (o), stelling the couse lost.  PART II. OTI  20a. EXTERNAL CA PRIMARY 20 or CO CAUSE OF DEATH.	DUE TO Only, which didte cause underlying DUE TO (c) HER SIGNIFICANT CON  USE WAS NTRIBUTING  2	NDITIONS CO.  Ob. DESCRIB  Drive  or 20d.	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	njury-in-Pari	on.	of item 18.)	(Cov	(1) (a) 19. WA PER YES (	S AUTOPS
- 1	Conditions, if of gove rise to imme (o), stating the couse fost.  PART II. OTI  20g. EXTERNAL CA PRIMARY 15-or CO CAUSE OF DEATH.  20c. TIME OF INJU.  Hour o.m. p.m.	DUE TO Ony, which diate cause underlying  (c) HER SIGNIFICANT CON  USE WAS NIRIBUTING   RY Month, Day, Ye  4/18/579	Ob. DESCRIB Drive  20d. Whill of wi	ONTRIBUTING TO DEATH B	UT NOT RELATED TO  LEnter goture of interest of interest of interest of interest officery, street, off	Home, farm	ion.	of item 18.) or town) Peterst	ourg Do	(a) 19. WA PER YES (	S AUTOPS FORMED? NO [
- 1	Conditions, if of gove rise to imme (o), stating the couse fost.  PART II. OTI  20c. EXTERNAL CA PRIMARY AND CO CAUSE OF DEATH.  20c. TIME OF INJUIL Hour o.m. p.m.  21. 1 certify to	DUE TO Ony, which diate cause underlying  DUE TO  Co HER SIGNIFICANT CON  USE WAS NTRIBUTING   RY Month, Day, Ye  4/18/57, hat I took charge	ob. DESCRIB Drive or 20d. While of the	ONTRIBUTING TO DEATH 8  THE HOW INJURY OCCURRED  TO BUTO IN  INJURY OCCURRED  Not while of wark of wark of wark of wark of control of the con	UT NOT RELATED TO D. JEnter goture of ineadon co PLACE OF INJURY foctory, street, office Highway shove, held or	Home, form	ion.  20f. (City  Nr.	or town) Petersk spection	ourg Do	(1(a) 19. WA PER YES (	S AUTOPSFORMED?
- 1	Conditions, if of gove rise to imme (o), stating the couse fost.  PART II. OTI  20c. EXTERNAL CA PRIMARY AND CO CAUSE OF DEATH.  20c. TIME OF INJUIL Hour o.m. p.m.  21. 1 certify to	DUE TO Ony, which diate cause underlying  DUE TO  Co HER SIGNIFICANT CON  USE WAS NTRIBUTING   RY Month, Day, Ye  4/18/57, hat I took charge	ob. DESCRIB Drive or 20d. While of the	ONTRIBUTING TO DEATH B	UT NOT RELATED TO D. JEnter goture of ineadon co PLACE OF INJURY foctory, street, office Highway shove, held or	Home, form	ion.  20f. (City  Nr.	of item 18.) or town) Peterst	ourg Do	(1(a) 19. WA PER YES (	S AUTOPS FORMED?   NO [
- H	Conditions, if a gove rise to imme (o), stating the couse tost.  PART II. OTI  20a. EXTERNAL CA PRIMARY 15-for CO CAUSE OF DEATH.  20c. TIME OF INJUINED O. m. p. m.  21. 1 certify to death resulted	DUE TO Ony, which diate cause underlying  DUE TO  Co HER SIGNIFICANT CON  USE WAS NTRIBUTING   RY Month, Day, Ye  4/18/57, hat I took charge	ob. DESCRIB Drive or 20d. While of the	ONTRIBUTING TO DEATH 8  THE HOW INJURY OCCURRED  TO BUTO IN  INJURY OCCURRED  Not while of wark of wark of wark of wark of control of the con	UT NOT RELATED TO D. (Enter goture of incadon control of incurry foctory, street, office Highway above, held an Suicide [], I	Home, form bldg., etc.	20f. (City Nr.  y, In	or town) Petersk spection	ourg Do	(a) 19. WA PER YES (	S AUTOPS FORMED? NO [
- 1	Conditions, if a gove rise to imme (o), stating the couse tost.  PART II. OTI  20a. EXTERNAL CA PRIMARY 15-or CO. CAUSE OF DEATH.  20c. TIME OF INJUIL Hour o.m. p.m.  21. 1 certify the death resulted ACTUAL SIGNATURE	DUE TO Only, which diate cause underlying  USE WAS NIRIBUTING  RY Month, Day, Ye 4/18/57, hat I took charge I from: Natural	ob. DESCRIB Drive or 20d. Whill of with e of the causes [	ONTRIBUTING TO DEATH 8  THE HOW INJURY OCCURRED  TO BUTO IN  INJURY OCCURRED  Not while of wark of wark of wark of wark of control of the con	UT NOT RELATED TO D. [Enter goture of ineadon of the control of th	(Home, form bldg., etc.	20f. (City) Nr.	or town) Petersk spection	ourg Do	Tital 19. WARER YES TO THE YES TO	S AUTOPS FORMED? INO [  Stote  [  Stote  Store  Sto
- 1	Conditions, if a gove rise to imme (o), stating the couse tost.  PART II. OTI  20a. EXTERNAL CA PRIMARY 15-or CO. CAUSE OF DEATH.  20c. TIME OF INJUIL Hour o.m. p.m.  21. 1 certify the death resulted ACTUAL SIGNATURE	DUE TO Ony, which diate cause underlying  DUE TO  Co HER SIGNIFICANT CON  USE WAS NTRIBUTING   RY Month, Day, Ye  4/18/57, hat I took charge	ob. DESCRIB Drive or 20d. Whill of with e of the causes [	ONTRIBUTING TO DEATH 8  THE HOW INJURY OCCURRED  TO BUTO IN  INJURY OCCURRED  Not while of wark of wark of wark of wark of control of the con	UT NOT RELATED TO Defenter goture of interaction of the adon of th	(Home, form bldg., etc. Autops; Homicide	20f. (City Nr.  y, In	or town) Petersk spection	ourg Do	Tital 19. WARER YES TO THE YES TO	S AUTOPS FORMED?  NO [Stote Md]
MEDICAL	Conditions, if a gove rise to Imme (o), stating the couse test.  PART II. OTI  20a. EXTERNAL CA PRIMARY EN or CO CAUSE OF DEATH.  20c. TIME OF INJU.  Hour o.m. p.m.  21. I certify tildeath resulted  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL CREMATIC	DUE TO Only, which didte cause underlying  DUE TO USE WAS NIRIBUTING  RY Month, Day, Ye 4/18/579 hat I took charge from: Natural John Mace ON, 22b, DATE THEREO ON, 22b, DATE THEREO	ob. DESCRIB Drive or 20d. Whill of we causes [	ONTRIBUTING TO DEATH 8  SE HOW INJURY OCCURRED OF OF AUTO IN  INJURY OCCURRED ON ON While of wark In of wark In of wark In of wark In one	UT NOT RELATED TO D. [Enter goture of ineadon of the control of th	Home, forme bldg., etc.  Autops Homicide MEDICAL EX	20f. (City ) Nr.  y, In  CAMINER AL EXAMINES	or town) Petersk spection	ourg Do	(a) 19. WA PER YES (Conty) Or	S AUTOPS FORMED? I NO [  (Stote Md
MEDICAL CHRIFICATION	Conditions, if a gove rise to imme (o), stating the couse fost.  PART II. OTI  20a. EXTERNAL CA PRIMARY 15-or CO. CAUSE OF DEATH.  20c. TIME OF INJUIL Hour o.m. p.m.  21. I certify the death resulted ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	DUE TO Only, which dide cause underlying DUE TO (c) HER SIGNIFICANT CON  USE WAS NTRIBUTING   2  A/18/57, hat I took charge I from: Natural  John Mace ON, I 22b, DATE THEREC	ob. DESCRIB Drive or 20d. Whill of we causes [	ONTRIBUTING TO DEATH BE THE HOW INJURY OCCURRED TO BUTO IN  INJURY OCCURRED OR OF WORK TO  Permains described of  Accident X,  22c. NAME OF CEMETERY Petersburg	UT NOT RELATED TO D. [Enter goture of ineadon of the control of th	Home, forme bldg., etc.  Autops: Homicide MEDICAL EX	20f. (City Nr.  J. 20f. (City Nr.  J. Un  AMINER  AL EXAMINER  22d. LOCAT	or town) Petersk spection Eddetermined	(Country Do	(a) 19. WA PER YES (Conty) Or	S AUTOPS FORMED?  NO [  Stote  Md  I find t
MEDICAL	Conditions, if a gove rise to imme (o), stating the couse fost.  PART II. OTI  20a. EXTERNAL CA PRIMARY 15-for CO CAUSE OF DEATH.  20c. TIME OF INJUINED ON M. D.	DUE TO Ony, which diate cause underlying DUE TO USE WAS NTRIBUTING  RY Month, Day, Ye 4/18/579 hat I took charge from: Natural John Mace ON, 22b, DATE THEREO April 1 ES SIGNATURE	ob. DESCRIB Drive or 20d. While of the causes [	ONTRIBUTING TO DEATH 8  SE HOW INJURY OCCURRED OF OF AUTO IN  INJURY OCCURRED ON ON While of wark In of wark In of wark In of wark In one	UT NOT RELATED TO D. [Enter goture of ineadon of the adon of the a	(Home, form bldg., etc.  Autops: Homicide MEDICAL EX	20f. (City Nr.  J. 20f. (City Nr.  J. Un  AMINER  AL EXAMINER  22d. LOCAT	of item 18.)  or town)  Petersk spection E  determined  Con (City, town, Hurlock	(Country Do	only)  Or.  DATE  (S)	S AUTOPS FORMED?  NO [  Stote Md  Find to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Proge 4 should be forwarded to the Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR'S Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to companion, or remayal.

VS. A15ME(5) 5M 9/55



1951

BUREAU V. E.

**CERTIFICATE OF DEATH** 

OZUI.

		211							Keg. Dist.	No.
1	1. PLACE OF DEATH				2. US	UAL RESIDENCE (Wh	ere decesses	Lived If institute	on: Residence	before admission)
		Dorchester		MARYLAND		Ma <b>ryl</b> an			Dorche	
	b. CITY OR TOWN { RURAL and give n	If outside corporate limits earest town)	, write	c. LENGTH OF STAY IN 16	C	CITY OR TOWN (IF o	utside corpoi	role limits, write R	URAL and give	e nearest town)
		Cambridge		50 years	12	Cambrid	ge			
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	re street (	oddress)	, d	STREET ADDRESS				e, IS RESIDENCE ON A FARM?
7		ambridge-Ma	ryla	nd Mospital	1 4	301 Was	hing to	on St.		YES NO X
	3 NAME OF DECEASED	First		Middle		Lost	4 DATE OF	Mon		Day Year
	(Type or print)	John		Thomas		McGrath	DEATH	_ Apri	1 10,19	957 19
	5. \$EX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In years lost b rthdoy)		YEAR IF UNDER 24 HRS
	Male	White	WIDOWE	DIVORCED 🗌	F	eb.19,1875		82 yrs	Months D	dys Hours Min.
	10a USUAL OCCUPATION	ON (Give kind of work di king life, even if retired)	one 10b.	KIND OF BUSINESS OR INDI	JSTRY 1	BIRTHPLACE (Stote	or foreign co	ountry)	12 CITIZI	EN OF WHAT COUNTRY?
`		lour Miller				Cambridge	R.D.		U	I.S.
	13. FATHER'S NAME				14. /	MOTHER'S MAIDEN N				
		John Henry	McGr	ath		Willianne	Fraz	ier		
1	15. WAS DECEASED EVE	R IN U. S ARMED FORCE	ES7 16.	SOCIAL SECURITY NO. 17.	INFORM	ANT	30.	L Washird	ton St	. ,
h	No	No		M	rs.B	.W.G. Hopki	ns, Car	nbridge,	Md.	
	18. CAUSE OF DE	ATH [Enter only one cou	se per lir	ne for (o), (b), and (c) ]						INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Co	oronary Occl	usi	on				3 days
	420.1	045-70								
	Conditions, if o	ny, which ) (b).	Di	labetes mell	itu	S				
	gove rise to i	mmediate (				-				
	lying couse lost	(c).	Bi	ilateral amr	ute	e lower	extre	mities		
	PART II OT		_	CONTRIBUTING TO DEATH BU					EN IN PART I	(o) 19. WAS AUTOPSY PERFORMED?
^	3 Inquina	l hernia	and	Epithelioma	fo	rehead a	nd fa	ice.		YES NO ME
	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTERFORM TINGUINAL hernia and Edithelioma forehead and face.  YES   N  OR CONTRIBUTING   CAUSE OF DEATH									
		RY Month, Day, Yea	7 204 1	NJURY OCCURRED 20e. P	LACE OF	INJURY (Home, form	20f ICity	or town)	ICo.	unity) (Stote)
	Hour e.m.	19	While	Not while fe	octory, si	reet, office bldg., etc.	)		100.	(200)
				k ot work	ıs	/1	-10-	-7		
		nat I attended the	decease	cd Homester		**			,that I la	st saw the deceased
	alive on	1-10,757	-, 19/	, and that deat	h occu					date stated above
	ACTUAL CL	P /2. /2		Dear ten				reet, city or town,		DATE SIGNED
/	SIGNATURE	Covid .	<u>_</u>	70000.00.	M.D	200 Mary	land	Avenue	4-	12-57
	PHYSICIAN'S NAME (Type)	Albert E.	Bun	ker, M. D.		Cambridg	e, Ma	aryland		
	220 BURIAL, CREMATIC	ON, 226. DATE THEREOF		22c. NAME OF CEMETERY	OR CREA	IATORY	22d LOCAT	ION (City, town,	or county)	(State)
	REMOVAL (Specify	Apr.13,1	957	Dorchester !	Memo:	rial Park	Caml	oridge, N	id.	
	23 FUNERAL DIRECTOR	S SIGNATORE _O		ADDRESS			D BY REGIST		STRAR'S SIGN	IATURE
	Acruse	Mit Sho	rue	4. Cambridge.	Md.	DATE 9	16/5	ファカム	kom	Droce 71

rol director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The jaw requires that the death certificate be executed within 24 hours after death Page A may be retained by the haspital or attending physician.

10 FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 should be expected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar prior to burial, crematian, ar removal, and in any event within Attroves after death.

VS A15 (4) 15M 9/55

BEAU K F

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OB A ISOST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TEEL II AGA

OB VIEW EN

1		MARTIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
The Market of th		4005 CERTIFICATE OF DEATH Reg. Dist. No. 7/6
Poge director	1.	PLACE OF DEATH  a. COUNTY  B. COUNTY  MARYLAND  2. USUAL RESIDENCE (Wifere deceased lived. If institution Residence before admission)  a STATE  b COUNTY
death.	1	FITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b c. CITY OR TOWN IN OUTside carporate limits, write RURAL and give rearest town)  RURAL and dive nearest town)  Welles Cast New Market
by the		d NAME OF MOSPITAL (Phot in bospital, give street address) OR (NSTITUTION ON A FLATA? YES NO
24 hours lied in less 1 and	3.	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DEATH  ADATE Month Day Year DEATH  14 1957
within the selection of	5,	Manths Days Hours Min.
d comp d comp n paper Beath.	10	USDAL OCCUPATION (Give kind of work dane 196/KIND OF BUSHNESS OR INDUSTRY 11. BURNIPLACE (State or foreign foundry)  12 CITIZIN/OF WYAT COONTRY?  dydag grant of working life, even i retired)  13 CITIZIN/OF WYAT COONTRY?
Cion on officer of officer of officer	13	Lenry Q. Mits 14. Mothery Malden Market Resemborst
certifica remove 72 hours	15	WAS DECEASED EVER INV. S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (In the given wor godden of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (In the given wor godden of service)
offendin offendin within	-	IB CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  CONNOW OCCUPIED  20 day, a
by the lift. There is the lift. There is no seement in the lift.		Conditions, if any, which ) By Conner Hours Deserve 34.
requires		gove rise to immediate code (a), stating the under- lying couse lost.    Code (a), stating the under- lost.
he faw physici nos beer ial-tron noval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 17 WAS AUTOPSY PERFORMED?  YES NO
IAN: T rending ficote if the but or ren	CERTIFICAT	· ·
PHYSIC of ar at his cert use as emotion	MEDICAL	20c TIME OF INJURY Manth, Day, Year Hour a m.  19 White Not while at wark at wark at wark 10 at war
hospith ther t		21. I certify that I attended the deceased from 3/25, to 4/14, 1957, that I last saw the deceased alive an 4/14, 1957, and that death accurred at 3% M, from the causes and an the date stated above.
d by the		ACTUAL SIGNATURE Carrence Manganov MD. 13 6 Ruest 1 4/17/5
retainee IAL DIR IAU DIR Ishould Ib		PHYSICIAN'S Lawrence Maryanov MD Cambrilge, had.
may be FUNEN page 3 ; the regis	7	A-BURIAL, CREMATION, 276. DATE THEREOF 220 NAME OF CHAPTERY OR CREMATORY A 220 COCATION (GIV. 19mm, or county) Resident
VS A1S (4)	23	ELLARENAL DIRECTOR'S SIGNAPURE ADDRESS CONTRACTOR SIGNAPURE OF ADDRESS OF ADD
12/11/1/00		



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dorchester Co.

Day

12 CITIZEN OF WHAT COUNTRY?

INTERVAL SETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

Days

USA

(County)

Md.

. IS RESIDENCE

ON A FARM?

YES INO TO

Year

19 5

VS A15 (4) 1SM 9/SS

### BUREAU V. L

OBVERUENT

		Them 2 FilmG214 4-29-57 et (14019)
- 1		CERTIFICATE OF DEATH  Reg. Dist. No.
	1	PLACE OF DEATH, O. COUNTY DORCHES TER MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) O. STATE MARYLAND b. COUNTY WILLIAM TO STATE MARYLAND
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Single PRICE Source  Single PRICE PRICE PRICE PRICE PRICE RURAL and give nearest town)
, .		d. NAME OF HOSPITAL (If not in hospital, give street oddress) ORANSTITUTION CHASTERN SHORE STATE HOSPITAL OANSTITUTION ON A FARM? YES NO IN
	3.	NAME OF DECEASED (Type or print) CHARLES G. NORTHAM 4. DATE Month Day Year DEATH APRIL 6 1957
		SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH GOLD NOTE OF BIRTH GO
Georgin.		USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. A. U. S. A.  14. S. A.
	13	FATHER'S NAME  14. MOTHER'S MAIDEN NAME
1	115	TAMES NORTHAM PAULINE EAST WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address
	(4,	UNKLOOD (If you give war or dates of service) NONE EASTERN SHORE STATE HOSPITAL RECORDS
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY:  ONSET AND DEATH
		IMMEDIATE CAUSE (0) STYCK CHOPNE UM DNIA IL AGYS
		Conditions, if any, which) (b) LIENERAL ARIERIOSCLEROSIS VEARS
		gove rise to immediate couse (o), storing the under lying couse lost.  (b)  DUE TO  (c)
U	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES 1 NO 1
	L CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port III of item 18.)
	MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. pt. 19 Of work of
		21. I certify that I attended the deceased from 10 - 14, 1956, to 4 - 6, 1957, that I lost saw the deceased
		alive on 123, and that death occurred at 10:0(AM, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
1		SIGNATURE SCORGE I Concer M.D. EASTERN SHORE STATE HUSPITAL
		PHYSICIAN'S LITEOREE E, LURRIER CAMBRIDGE, MARYLAN'S
	22	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify)
	23	Sensif Hill ason Pocomoke MD. Date 1917 Com Marce Co.
	_	The state of the s

# DECEIVED.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05148

923	CERTIFICATE	OF DEATH
760	4-11111147114	

Reg	. 1	)isi	ŀ.	Nο.

		211								The same of			
,	1. PLACE OF DEATH 6. COUNTY	rchester		MARYL	AND	D STATE	Maryla		l lived. If instituti b. COUNTY		nce befor	e odmiss	ion)
	b CITY OR TOWN (III RURAL and give ne	outside corporate limi	ts, write	e. LENGTH OF STAY II	4 l P	c. CITY OR	TOWN (If or	utside corpor	rate limits, write R	URAL ond	give nea	rest fown	•)
	Cambridge	9		Lyr lmo 13	das	Ro	ck Hal	1 /4	7 K				
	OR INSTITUTION	AL (If not in hospital, of Shore State				d. STREET A	ADDRESS				1		IDENCE FARM? NO 🔀
	3 NAME OF DECEASED	Fit	st	Middle		Lo	st	4. DATE	Mor	nth	Day	, ,	Year
	(Type or print)		Tames	Kirby		Rodne	У	OF DEATH	Apr	il	30	)	1957
	5. SEX		7. MAR	RIED X NEVER MARRIED		B. DATE OF BIRT	Н		9. AGE (In years last birthday)				
	Male	White	WIDOW	ED DIVORCED		3-12	-85		72 yrs.	Months	Doys	Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS OR	INDUS	STRY 11 BIRTHP	LACE (State o	or fareign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY
1	Waterman	mg me, even ii temeo	'	-		M	arylan	ıd			U.	S.A.	
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
1	James I	Rodney				Meli	nda Jo	oiner					
1	15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. H	NFORMANT			Add	lress			
3	No	in last dies wer or source or a	W 41047		RI	ECORDS -	Easte	ern Sh	ore Stat	e Hos	pita	1	
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ine for (a), (b), and (c).]							INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE &	, C	hronic myoca	ardi	itis					ONS	ET AND	DEATH
	4321	DUE TO											
	Conditions, if a		G	eneral arter	rios	sclerosi	S						
	gove rise to it												
	tying cause lost.	) (0	<u>S</u>	enile Psycho	osia	3							
	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PAR	RT 1(o) 15	WAS A	AUTOPSY RMED?
)	\ <u>\s</u>												ио 🔀
	To   (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b, DES	CRIBE HOW INJURY OC	CURRE	O. (Enter noture o	of injury in P	ort I or Part	II of item 18.)				
	20c. TIME OF INJURY	Month, Day, Ye	or 20d. I	NJURY OCCURRED 2	Oe. PL/	ACE OF INJURY	(Home, farm,	20f. (City	or town)	(	County)		(State)
	Hour a. jı, y p. m.	19	While of wor		too	tory, street, affic	e bldg., etc.	1			•		
		at I attended the	deceas	sed from 11-1	L <b>–</b> 56	. 19	_, to	4-30	1 <u>957</u>	that I	last sa	w the	deceased
	alive on	14-30	12	57 and that o									
	C	1 1 0							reet, city ar town,				ATE SIGNED
1	SIGNATURE	turn Fl	ve	ord.		M.D. E.S.	S.Hosp	oital,	Cambrid	ge, M	d.	4/	30/57
	PHYSICIAN'S "	V		<i>k</i> '									
	NAME (Type)	Edwin J. Wa	rd					****					
	220. BURIAL, CREMATION REMOVAL (Specify	D 3	デーフ	1229 NAME OF CEMET	fa o	R CREMITTORY		22d LOCAT	ION (City, layen,	or county)		YSION	d
	23. FUNERAL DIRECTOR	S SIGNATURE	/	ADDRESS /	1//	11.1	24a. REC'C	BY REGISTI	RAR 24b REGI	STRAR'S SI			
	colfar	I dan	- 6	north 14	ll	ama	DATE S	/6/5	ファウム	le.	m	C C	2 77

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	MARYLAND STATE DEPARTMENT OF HEA	LTH—BALTIMORE, 18	04020
, uo	400 MEDICAL EXAMINER'S CERTIFIC	ATE OF DEATH	st. No. 116
M	a. COUNTY	CE (Where deceased lived. If institutions Res de	
Same of	NOI CALES DEL ME	/N (If outside corporate limits, write RURAL and	
	Cambridge Life 6	ambridge	
1111	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDR		IS RESIDENCE ON A FARM?
	5 Fairmount Ave. 5	Fairmount Ave.	YES NO N
	3. NAME OF First Middle Lost (Type or print) Clarence Ross	4. DATE Month OF APRIL	14, 19 57
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years   IF UNDER 1   Manths (	
	Male Negro WIDOWED DIVORCED May 10,	1917   39 70.   1917	Days Hours Min.
*	100. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (during most of working life, even if retired)  Laborer Food Packing Cambri	State or foreign country)   12. CITI2	TEN OF WHAT COUNTRY
	13. FATHER'S NAME	DEN NAME	
	William Bishop Mary Pa		
	(Yes, no, or unknown)	Address 27.2	
	No 217-10-8488 Mary F.11:	lott, Cambridge, Md	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)Coronary Occlusion		5 mins.
	1/ 5 0. / DUE TO		D BLEETS.
	Conditions, if eny, which   (5)		
1	(a), stating the underlying OUE TO		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TOTAL PRIMARY OF CONTRIBUTING CONTRIBUTIONS C	FERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NOY
		n Port I ar Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of wo	form, 20f (City or town) (Court, etc.)	riy) (State)
	21. I certify that I taak charge of the remains described above, held on Aut	apsy 🔲, Inspection 😿, Inquiry	and find that
	death resulted fram: Natural causes 🕟, Accident 🔲, Suicide 🔲, Homi	cide . Undetermined cause .	
A	ACTUAL SIGNATURE Eldringe H. Wolff M.D. CHIEF MEDIC	AL EXAMINER	DATE SIGNED
	EXAMINER'S	EDICAL EXAMINER	
	NAME (Type) Eldridge H. Wolff, M.D. DEPUTY MEDI 220. BUR AL, CREMATION, 226. DATE THEREOF [22c. NAME OF CEMETERY OR CREMATORY]	22d. LOCATION (City, fown, or county)	40 >
)	Burial 4/17/1957 Taylors Island	Taylors Island.	(State) Md.
5) ()	The Hand Level Lev	REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	. 02
	Cambridge, Md. DAT	14/25/57 Nr. Joh	n Thace
			w

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04024

e. 15 RESIDENCE ON A FARM?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES 🔲 NO 🔯

(Stote)

(State)

Day

Days

(County)

YES NO TX

106Y

19 5

MEGETVELL V. S.

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BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4906 Rea. Dist. No. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND Dorchester Marvland Dorchester b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Cambridge Cambridge d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Fairmount Ave YES NO TO Fairmount 3. NAME OF First Middle 4. DATE Lest Month Day Year DECEASED (Type or print) William DEATH Tilghman April 19 57 5 SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9 AGE (In years (ost birthdoy) Months Days Male WIDOWED [7] DIVORCED T Negro 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer Food Packing Somerset Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Tilghman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes 212-12-343 Myrtle Brooks, Cambridge, Maryland 18 CAUSE Of DEATH {Enter only one cause per line for (a), (b), and (c).} INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE IO Cardiac Decompensation **DUE TO** 12 % S. O Arteriosclerotic heart disease Conditions, if any, which ] gove rise to immediate **DUE TO** casse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES NO I

200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part It of item 18.)

20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED Hour O. m. While Not while of work ol work p. m.

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f. (City or town)

(County)

(Stole)

21. I certify that I attended the deceased from April , 1956, to Apr 11 211 , 1957, that I last saw the deceased and that death occurred at\_\_\_\_\_M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

220 BURIAL CREMATION,

Pine St-Cambridge Md.-/-

PHYSICIAN'S Edwin Fassett.M.D. NAME (Type)

> 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(State)

REMOVAL (Specify) 795 Waugh Cemetery Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Cambridge 24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/SS

BUREAU V. &

ZSET 9 AVV.

22c NAME OF CEMETERY OR CREMATORY

Hill Crest Cemetery

Page

death.

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may be retail **HOSPITAL** 

VS A1S (4) 15M 9/55

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page

PHYSICIAN'S

NAME (Type)

BUTTOT

23. FUNERAL DIRECTOR'S SIGNATURE

Mace

J.J. Framptom and Son, Federalsburg, Maryland

April 16,1957

John

220 BURIAL CREMATION, 226. DATE THEREOF

e IS RESIDENCE ON A FARM?

13

Dovs

Cambridge, Md.

24a, REC'D BY REGISTRAR

22d. LOCATION (City, town, or equity)

Federalsburg, Maryland

24b. REGISTRAR'S SIGNATURE

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

davs

PERFORMED? YES NO 17

(Stote)

(Stote)

YES NO IX

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BUREAU V. S.

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1			MARYI	AND	STATE DEPAR	RTMI	ENT OF HEALTH	I-BAL	TIMORE, 1	8		
			4.	908	CERTIF	FICA	TE OF DEATH	1		Reg. Dist. N	4)40	30
d with	1 PLACE C	ITY			14.004		2. USUAL RESIDENCE (WI	nere deceased	l lived. If institution b. COUNTY	ni Residence bel	fore admiss	sion)
if die		orche			MARYL		Maryland			Dorch		- m
	RURAI	ond give no mbrid		ts, write	c. LENGTH OF STAY II  Life	N lb	c. City or town (if a		rote limits, write Rt	JRAL and give n	earest town	1)
d 2 sho			AL (If not in hospital, g	ive street o	ddress)		d. STREET ADDRESS					FARM?
ond b	3 NAME C		Fir	st	Middle		Lost	4. DATE	Mont	h D	ay	Year
filled ges 1	(Type or		Irene	4	E.		Wilkins	OF DEATH	Apr	ור ו		19 57
Moges	5. SEX				ED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA		
	Fem	ale	Negro	WIDOWE			Dec. 9. 19	16	lost birthday)	Months Days	Hours	Min.
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0 0 0		OUSOW	ing life, even if retired	,			Dor-CO-I	Md.		USA	4	
rbon rer de	13. FATHER						14. MOTHER'S MAIDEN			1 002	- ,	
physician sque car havrs off	C	linto	n Wynder				Gertrude	Conn	ich			
hysi	15. WAS DE	CEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. th	FORMANT	00111		P42		
B 2 2 11	(Yes, no, er un	known] (	(II yes, give wor or dates of s		9-07-717	+	Mr. Raymond	1 1/4 1 1	cins-Car	Dougla	IS SI	v
hin hin		USE OF DEA	TH [Enter only one co			<del>!</del>	ore may more	N .	TIUS-VAI		TERVAL BE	TWEEN
aftending physicism please remave on within 72 hours on within 72 hours			TH WAS CAUSED BY:	-		000	mpensation			101	ISET AND	DEATH
Then Then event v		22.1	IMMEDIATE CAUSE (o	1	Jarurac Di	<u> </u>	ubensa o TOH					
> 0		itions, if or		Marc	condial 1	han:	rt disease					
gned b permit in ony	Boss	rise to in	mmediate ( Dus 70		Caratar	noa.	Le discase					
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s cian. been si fransit il, and			(c IER SIGNIFICANT CON		ONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TERM	NAL DISEASI	CONDITION GIVE	N IN PART 1(a)	19. WAS	AUTOPSY
o of the o	PICATION ACCURACY									and the tips	PERFO	RMED?
ng P purit eme		CIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OC	CURRED	Enter noture of injury in	Port Lor Port	II of item 18.)		163	NO L
he he b	OR CO	NTRIBUTING IER, NOTIFY	CAUSE OF DEATH				,,					
otte as t an,		NE OF INJUR		or 20d. IN	JURY OCCURRED 2	20e. PLA	CE OF INJURY (Home, form	20f. (City	or lown)	(County	1	(Stote)
as the most	20c. TIN	p. m.	19	While	Not while	fac!	ory, street, office bldg., etc	3	,	(5000)	'	(0.0.0)
for the cra						٦	. L. 6 . N.	i 200 - 2 "]	13 C'	7		
iol Aff					d from <u>April</u>				19 5			
Do To	alive	on_Apr		1957	ond that o	ieoth			the couses a			
4 CT &	ACTUA	. (	Xelat	1-1-				*	reel, city or town, s Cambrids	*		ATE SIGNE
ined Id be prior	ACTUA SIGNA	TURE	7		ery _	A	1.0. 227 Pine	3 06-1	sampt. Tak	ξθ, M.L	4142	2-21
	PHYSIC	IAN'S (Type)	J. Edwin	Fass	ett.M.D.							
XW CO		, CREMATIO			22c. NAME OF CEMET	TERY OR	CREMATORY	22d LOCAT	ION (City, town, o	r county)	(Stok	-1
	REMOV	AL (Specify)			Bethe1			1	nester-(		(310)	el.
Epas			S SIGNATURE		ADDRESS			D BY REGIST		TRAR'S SIGNATI	JRE	
VS A15 (4)	Helhe	eXM.	affect	High	St-Cambi	rid		. 1 1	57 70-R		ace	- 71
15M 9/55		XX		, , , ,			O J - AZ & DAIE /		1/			

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BECEINED

VS A1S (4) ISM 9/S5

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
-						

4909 CERTIFICATE OF DEATH

04031 Reg. Dist. No.

1. PLACE OF DEATH							
Dorchester Co.	MARYLAND	2. USUAL RESIDENCE (WIO. STATE Md.	nere deceased	l lived. If instituti b. COUNTY		before odm	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carpoi	rate limits, write R	URAL and giv	ve nearest to	wn)
Cambridge Md.	Life	Cambridge	Md.				
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION  Maple Dam Rd.	et oddress)	d. STREET ADDRESS	Dam R	d		ON	ESIDENCE A FARM?
3. NAME OF First	Middle		4. DATE				
(Type or print) John	A.	Willey	OF DEATH	Apri	1	19,	1957
S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	Months D		The state of the s
Male White woo	WED DIVORCED	March 19, 18	82	75 yrs.	months U	Days Hour	Min,
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)				untry)			AT COUNTRY
SawMill  13. FATHER'S NAME	Saw Mill	Lakes vill			US	Α .	
Joseph B. Willey		Lucinda	Parks				
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT	2 664 114	Add	ress		
Yes, no, or unknown    (If yes, give wer or dates of service)		Mrs. Myrtle	Willey	Maple	Dam R	d.	
Canditions, if any, which gave rise to immediate cattle (a), storing the under-tying couse tast.	Cerebral Throm	ic cardio Vasc					DUTS
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	'EN IN PART I	PERI	S AUTOPSY FORMED?
9						163 [	NO P
OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Part	II of item 18.)		165	
20c. TIME OF INJURY Month, Doy, Year 20d Haur o. m. Whi	. INJURY OCCURRED 20e.	RED. (Enter nature of injury in PIACE OF INJURY IHome, farm factory, street, office bldg., etc	, 20f. (City		(Co	ounty)	
20c. TIME OF INJURY Month, Doy, Year 20d Haur o. m. p. m. = 19 Whi 21. I certify that I attended the deceralive an April 15, 19	INJURY OCCURRED 20e. Not while at work at a seed from March	PLACE OF INJURY IHome, farm factory, street, office bldg., etc. 18, 19_56_, toth occurred at 4:00.	April AM, from	or town)	,that I la	unty) ist saw the	(State)
20c. TIME OF INJURY Month, Doy, Year 20d White Proceedings of the Procedure of the Proceedings of the Procedure	INJURY OCCURRED 20e.  Not white at work at wor	PLACE OF INJURY IHome, farm factory, street, office bldg., etc. 18, 19_56_, toth occurred at 4:00.	April AM, from	or town)  19, 19.57. If the causes coest, city or town,	that I la and an the stote) ridge,	unty) ist saw the date sto	(Stote) e decease ited above DATE SIGNE
20c. TIME OF INJURY Month, Doy, Year 20d Haur a. m.  p. m 19 White of the decendance of the decenda	INJURY OCCURRED 20e.  Not while cate of came o	PLACE OF INJURY IHome, form foctory, street, office bldg., etc.  18, 19.56., to, th occurred at 4:00,,,,	April Am, from	or town)  19, 19.57. If the causes coest, city or town,	that I la and an the stote) ridge,	unty) ist saw the date sto	(Stote) e decease ited abov DATE SIGNE

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APR 30 1957



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1021

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PLACE OF				<u> </u>							ist. No.	7.7.3	
e. COUNT	V	nester		N	ARYLAND	2. USUAL RESIDEN	lce (Where	deceased li	ved. If institut b. COUNTY	Dorc.	nce before heste	odmissi	On)
b. CITY OF	R TOWN (If outsi ond give pearest alestown	de carporate limi town) 1	ts, write	e. LENGTH OF S		c. CITY OR TOW		ide corporel estowr		RURAL ond	give near	est town	)
d. NAME ( OR INS	OF HOSPITAL (IF	nat in hospitol, g	jive street (	oddress)		d. STREET ADDI	RESS				•		DENCE FARM? NO
NAME OF DECEASED (Type or pe		Paul	Tal .		Hobson	wootte		DATE OF DEATH	Apri		26		957
SEX Mal		olor or race Thite	7. MARR	_	ARRIED	October ]	14, 1		AGE (In years last bythday)  SB yrs.	Manths	Days	F UNDE Haurs	R 24 HI Min.
during m	iost of working life	e. even if retired	1	kind of Busine altimore		stry 11. BIRTHPLACE			io. Md.		U. S.		COUN
. FATHER'S	NAME					14. MOTHER'S MA	NOEN NAM	AE					
	Phile	tus H.	Voott	en		Far	nnie	J. Die	kerson				
Yes, no. or unkn	EASED EVER IN L	J. S. ARMED FOR give wor or dates of s	aminal laning	SOCIAL SECURITY		NFORMANT 'S. Mary H.	. Woo	tten,		i, De	Lawar	e, I	R.F.
P	ART I. DEATH W.	EDIATE CAUSE (o	0	arce	anny	na DK	uda	rac	1		ONSE	TAND	DEATH
Conte (c	ions, if any, wrise to immed b), stating the <u>ur</u> ouse last.	liote (	)			1							
couse (a lying co	rise to immed o), stating the <u>ur</u> ouse last.	hich (bliote ader-	)	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMINA	L DISEASE C	CONDITION GI	VEN IN PAI	RT 1(a) 19	WAS A PERFOI	SWEDS
gave recouse (a lying co	rise to immed o), stating the <u>ur</u> ouse last.	hich (bliote Due To	) ) DITIONS C			NOT RELATED TO THI				VEN IN PAI	RT 1(a) 19	PERFO	LUTOPS RMED? NO
gave recouse (a lying co	rise to immed ob, stating the unouse lost.  ART II. OTHER SIGNATURE OF CARREST WAS UNITERSUITING IT CARREST OF	hich (bider Due To (c)  GNIFICANT CON  DERLYING DAUSE OF DEATH  CAL EXAMINER)	20b. DESC		RY OCCURRE		lury in Pari	l or Pari II	of item 18.)		RT 1(a) 19	PERFO	NO [
gave r couse (a lying co  P  20a. ACC OR CON! (IF EITHE!  20c. TIME	rise to immed o), stoting the year ouse lost.  ART II. OTHER SIGNIFICATION OF INJURY MADE  OF	hich diote DUE TO (c) GNIFICANT CON DERLYING DAUSE OF DEATH CAL EXAMINER) Denth, Day, Ye-	20b. DESC	NOT while of work ed from	RY OCCURRE	D. (Enter nature of inj ACE OF INJURY (Ham clary, street, office bld	lury in Particle, form, dg., etc.)	20f. (City or	of item 18.)	C.,that I	(County)	PERFOI YES	(Sto
gove recouse (a lying constitution of the ly	rise to immed o), stoting the year ouse lost.  ART II. OTHER SIGNIFICATION OF INJURY MADE  OF	hich liote DUE TO (complete of the complete of	20b. DESC 20b. DESC ar 20d. In While of work	NOT while of work ed from	200. Pt fo	D. (Enter nature of inj ACE OF INJURY (Homotory, street, office bloom, 1954, to a occurred at 7	jury in Particle, form, dg., etc.)	20f. (City or	of item 18.) town) the causes of	C.,that I	(County)	PERFOI YES	(Stol

TO NOSPITAL OR ATTENDING PHYSICIAN: The four requires that the death certificate Be executed within 21 hours after death. Page 4 uneral director, uld be filed with may be retained by the haspital or attending physician.

• FUNERAL DIM:

• After this certificate has been signed by the attending physician and completely filled in by page 3 shauld — or rached for use as the burial-transit permit. Then please remays—carbon papers. Pages 1 and 2 most the registror prior to burial, cremation, or removal, and in any event within 72 fours after death.

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TO FUNERAL DIN VS A15 (4) 15M 9/55 CHITIFICATE OF DEATH

BUREAU V. E.

7201 3 YAM

DECENDED